

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWA'I STATE ETHICS COMMISSIO:

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PARTI LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
HAMASAKI	PETER	J.	529-7300	
MAILING ADDRESS (Street)			FAX	
500 Ala Moana Boule	524-8293			
(City)	(State)	(Zip	(Zip Code)	
Honolulu	н	96	96813	
EMPLOYING ORGANIZATION (Fil	l in only if you are employed by a business	entity which has been retained to lobby)	TELEPHONE	
McCORRISTON MILL	529-7300			
MAILING ADDRESS (Street)			FAX	
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			524-8293	
(City)	(State)	(Zip	(Zip Code)	
Honolulu	HI	96	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
24 Hour Fitness, USA, I	(925) 543-3100		
MAILING ADDRESS (Street)		FAX	
12647 Alcosta Boulevard, Suite 500		(925) 543-3200	
(City)	(State)	(Zip Code)	
San Ramon	CA	94583	
NAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Dean Myatt		(925) 543-3347	
MAILING ADDRESS (Street)		FAX	
12647 Alcosta Boulevard, Suite 500		(925) 543-3358	
(City)	(State)	(Zip Code)	
San Ramon	CA	94583	

PART III DESCRIPTION O	OF OUR IDOTE URON WILLO	WALLEY DEAT TO LODDY		
PAKTIII DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LOBBY		
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations International Affairs	s, Tourism & Recreation	
X Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	X Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy	Housing	Public Safety & Corrections		
PART IV CERTIFICATION	OF LOBBYIST			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. Signature of Lobbyist) (Date)				
PART V AUTHORIZATION	N TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED	
Dean Myatt		· · · · · · · · · · · · · · · · · · ·		
NAME OF ORGANIZATION (if appl	icable)	Į TI	ELEPHONE	
24 Hour Fitness USA, Inc.			(925) 543-3347	
MAILING ADDRESS (Street)	110.		AX	
			•	
12647 Alcosta Boulevard, Suite 500			(925) 543-3358	
(City)	(State)	(Zip Cod	(Zip Code)	
San Ramon	CA	945	94583	
I hereby authorize the ab	ooye - named person to enga	ge in lobbying activities on beh	_ -	
			Ŭ	
the			7	
(Signature of Auth	norizing Officer or Person Represen	nted)	(Date)	